

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
VERIFICATION OF APPLICATION FOR SOCIAL SECURITY NUMBER**

**This Certifies That a Social Security Number Was Requested For:**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Mother

\_\_\_\_\_  
County of Mother's Residence

\_\_\_\_\_  
Mother's Social Security Number

\_\_\_\_\_  
Signature of Hospital Official

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Name of Hospital

**MESSAGE FROM DEPARTMENT OF SOCIAL SERVICES**

**IF YOU ARE APPLYING FOR AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) OR  
MEDICAID FOR YOUR BABY, YOU MUST BRING THIS NOTICE WITH YOU WHEN YOU APPLY.**

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**MESSAGE FROM SOCIAL SECURITY**

INFORMATION ABOUT WHEN YOU WILL RECEIVE YOUR BABY'S SOCIAL SECURITY CARD

**IMPORTANT: IF YOU HAVE NOT NAMED YOUR BABY, A SOCIAL SECURITY CARD CANNOT  
BE ISSUED.**

You should receive your baby's Social Security card in about 13 weeks. In your State, it takes about 12 weeks before the information about your baby's birth is provided to the Social Security Administration. After the birth is registered, Social Security is given a computer tape which we use to issue your baby a Social Security card. The card will be mailed to you about 1 week after we are notified by the State of your baby's birth.

If you are filing for Welfare or other public assistance benefits for your baby, you will need the above information completed before you leave the hospital. You will then need to notify your caseworker when you receive the baby's Social Security card.

**INSTRUCTIONS: Birth Verification and Enumeration Form**

**USE:** Hospitals complete this form in three copies.

**PURPOSE:** This serves as a receipt for the individual who agrees for the Bureau of Vital Statistics application for birth certificate to be transferred to the Social Security Administration to serve as an application for the newborns social security number.

**COMPLETION:** The hospital official completes all the information at the top of the form; signs and dates the form.

**ROUTING:** Original to patient before or at discharge; copies 2 & 3 filed with hospital Medical record.